



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

DATE: _____

TO:

FROM:

FOLD HERE FOR WINDOW ENVELOPE.

RE: **NOTIFICATION OF ELIGIBILITY REVIEW FOR** _____

You are currently eligible for the Division of Developmental Disabilities (DDD) under _____. DDD eligibility rules require a review of eligibility at various times. We need additional information to support eligibility for DDD per WAC 388-823. We need additional information to confirm eligibility for DDD services under one of the following conditions: Mental Retardation, Cerebral Palsy, Epilepsy, Autism, Another Neurological or Other condition similar to Mental Retardation. Please see the attached "Required Documentation" table for more information.

DDD will be glad to send for the information needed for this re-determination. If you want DDD to send for this information, please do the following:

- sign the enclosed consent form
- indicate on the form where we need to send for the information, and
- return it to DDD in the enclosed addressed envelope

Please respond as soon as possible to avoid any disruption in service, but no later than _____.

If we do not hear from you, we will make an eligibility determination based on information in your file.

If you have any questions or if you want a copy of the state rules governing eligibility, please call _____

at _____.

A copy of the state rules governing eligibility (WAC 388-823) is available upon request or online at <http://www1.dshs.wa.gov/ddd/index.shtml>

Thank you.

Enclosures: Required Documentation
Consent form (14-012)
Brochures

cc: Client file
WPAS for Allen/Marr Class Members

REQUIRED DOCUMENTATION

DISABILITY CONDITION	DIAGNOSIS	DIAGNOSTICIAN	OTHER RECORDS
Mental Retardation	Mental Retardation or Down Syndrome	Licensed Psychologist or Certified School Psychologist Licensed Physician	Psychological assessment and Full Scale IQ score
Cerebral Palsy	Cerebral Palsy Quadriplegia Hemiplegia Diplegia	Licensed Physician	Onset prior to age 3 Assessments with information about the need for physical assistance with toileting, bathing, eating, dressing, mobility, or communication
Epilepsy	Epilepsy or Seizure disorder	Board-Certified Neurologist	Diagnosis based on medical history and neurological testing. Conformation from physician or neurologist of uncontrolled and ongoing or recurring seizures
Autism	Autism or Autistic Disorder Per 299.00 in DSM-IV-TR	Board eligible Neurologist Board-eligible Psychiatrist Licensed Psychologist Board Certified Developmental and Behavioral Pediatrician	DSM IV diagnostic criteria Evidence of delay or abnormal functioning prior to age 3 in social, language, communication skills or symbolic or imaginative play.
Another Neurological	Central nervous system impairment	Licensed Physician	Full Scale IQ score Assessment with information about the need for physical assistance with toileting, bathing, eating, dressing, mobility, or communication.
Other Condition	A condition or disorder that by definition results in both intellectual and adaptive skills deficits; and Is due to a neurological condition, central nervous system disorder, or chromosomal disorder.	Licensed Physician or Licensed Psychologist.	Full Scale IQ score Evidence of academic delays
Medically Intensive (only through age 17)	N/A	N/A	Eligibility for DSHS Medically Intensive Program

Note: This documentation is the first step in determining eligibility. DDD may require additional information or assessments